

Second Opinion with Joan Lunden

Heart Disease in Women

ANNOUNCER: When our communities need help, Blue Cross and Blue Shield companies step up with partnerships capable of preparing meals for thousands of families in need, because it's not just about health insurance. We believe it's our responsibility to expand care to rural communities, protect our heroes with safety equipment, support local non-profits. These are our stories to help build stronger communities for the health of America.

ANNOUNCER: "Second Opinion with Joan Lunden" is produced in conjunction with UR Medicine, part of University of Rochester Medical Center, Rochester, New York.

JOAN: Heart disease is the leading cause of death and disability for women in the United States. And yet somehow heart disease is often overlooked as a major women's health issue. Today, we will examine heart disease, the cause of death for one in five women in the US. Joining us is our primary care physician, Dr. Lou Papa, from the University of Rochester Medical Center.

LOU: And the doctor's role is to reinforce that, not punish, reinforce the importance of making those lifestyle change and acknowledging this is going to happen on a dime. It's going to take some changes.

JOAN: Dr. Jennifer Mieres, leading expert in patient advocate in the field of cardiovascular disease in women, from Katz Institute for Women's Health at Northwell Health.

JENNIFER: And if the moms or the women in the family are healthy, the entire family becomes healthy.

JOAN: And attorney, author, advocate, TV personality and American Heart Association national volunteer, Star Jones.

STAR: I would get these intense heart palpitations literally like someone was punching me in the chest continuously.

JOAN: Hi, everyone. I'm Joan Lunden. And it's all coming up on "Second Opinion."

JOAN: Welcome, everyone, if you count heart disease and stroke together, they are the cause of death for one in three women every year in this country. That's more than all cancers combined. So, we all know Star Jones as a former host of "The View", we've seen her on the red carpet for years. But now we also see Star on the red carpet at American Heart Association events. And Star, great to have you with us this morning. You look fabulous. I hope you feel as fabulous as you look.

STAR: Oh, yes, and as you can see, I'm in my signature Go Red and still a friendly heart healthy right now.

JOAN: So let me take you back. I mean, it was more than a decade ago that you had gastric bypass and you lost 160 pounds. I mean, it was incredible. And I know you felt so much better, and I think you started then kind of living healthier and making healthier decisions, but you say that you still felt off. What was going on.?

STAR: Actually, go back to 2003 when I did make the determination to have gastric bypass surgery. I was literally dying. I weighed 307 pounds on the day that I had weight loss surgery. Wow. And over the course of two years, between 2003 and 2005, I did indeed lose 160 pounds. And so I lost a whole human being. And I started doing the things, Joan, that I should have been doing from the beginning. I started eating better. I started doing more walking instead of riding. I think you know I never met a driver I didn't like,

so no, but I still had to walk. I then started moving into living a healthier lifestyle. I took up a sport. And so I was feeling really great, except there would be times that my body would not feel the right way. I would get these intense heart palpitations, literally like someone was punching me in the chest continuously. I get lightheaded if I went from seat it to standing too quickly. I was extremely fatigued. And I'm not talking the working woman kind of tired. I'm talking so exhausted you don't want to get out of bed fatigued. And that didn't feel right for me. And I think if I look back, over the years because I had been obese or morbidly obese for many, many, many years, I probably had those symptoms, but I attributed it to having been overweight. But when I was no longer overweight, I listened to my body and I knew something was wrong. So I went in to see my cardiologist, and you'll laugh at me because I did it in between meetings. I remember this day like it was yesterday. I put on these four-inch Jimmy Choo high-heeled boots. I was going to lunch at Michael's in New York. And I said, "Oh, I'll just pop through Mt. Sinai Hospital and see what Dr. Fuster says." There was no popping, let's just say. That day changed my life, Joan. It really and truly did.

JOAN: Wow. And thank goodness. Alright, Lou, as a primary care physician, if Star had walked into your office, you hear what she's talking about, what would you want to know? What would you be thinking?

LOU: I'd be concerned just like her cardiologist is concerned. That description of a pulsating heart rate and lightheadedness suggests that her heart rate's either very high and not perfusing or that she's not perfusing and that's why she has a high heart rate. Either way, it's not good. Star, how soon after your surgery were these symptoms? Was it quite a while or was it immediately after the surgery?

After the gastric bypass surgery, I don't think that I focused at all on any of those symptoms. But remember, I weighed 370 pounds, so I was really focused on losing the weight. I was starting to exercise. I had changed my

diet. And in my brain, I thought to myself, "If there's something a little off, this is just the ramifications of the weight loss surgery."

JOAN: So, Lou, I want to know why you asked her that question.

LOU: So after a surgery like that, one of the big concerns -- you always think about the most life-threatening things first -- and after surgery like that, you worry about something like pulmonary embolism. That's something that needs to be considered. After that type of surgery sometimes can affect your ability to make red blood cells, affect your kidney and how it works. Those things need to be checked. But also, you worry about just what Star's saying is that she may not have been used to her level of activity. Now she's basically doing her own "stress test", and she's starting to have symptoms that make you more concerned about her heart.

JOAN: So what are the cardiologists do, Star? What happened next?

STAR: Needless to say, he said it's time for us to do an EKG. We did the EKG, and then it concerned him enough that we did an echocardiogram. And after the echocardiogram, Dr. Fuster from Mount Sinai then said, "We think there may be some fluid around your heart, and we want to extract it." Now, I had had that before, and I understood what that meant. There had been some buildup of fluid. It didn't concern me right then except he said it came back too soon. So we wanted to do it right away. And I said, "Well, what does right away mean? I have a lunch." And he said, "You will not be doing lunch." I said, "Okay, so tell me where I go." He said, "Into this wheelchair." So it became more emergent situation. They took me up to the cath lab, and I had one liter of fluid removed from around my heart. When I came out of the surgery and the cardiologist was explaining what was going on, he said, "I want you to stay here for a couple of days. We need to do some research to figure out what's going on with your heart and why is this fluid building up." And so they started to look at it like a puzzle. They were going to find what was going on with my heart. And when you start to look, you find. And

I can tell you that after about 48 hours, the diagnosis was that I needed to have full-blown open-heart surgery. I had a malfunctioning aortic valve. I had a sub-aortic membrane, which we think is probably genetic. And because of what I would say a sedentary and unhealthy lifestyle for so long, my aortic valve was malfunctioning to the point where they thought if they could repair it right now, I would stave off it having to have a replacement within the next five years. And if I didn't have a replacement, I'd need a heart transplant. So to imagine getting all of that at one time, I did what any self-respecting girl with a valid credit card would do -- I ran away. I went to the Caribbean. I said, "Oh, I am going where the sand is and the shirtless men and champagne, because they definitely don't have heart disease there." I swear, it's what I did. I put my head in the sand.

Wow. Denial. And that's a big issue with patients, too. Before we go farther, you said an aortic valve malfunction. I want to ask Dr. Mieres -- you want to explain to us, Doctor, what that is, what causes it and what you do about it?

You know, so, Star, thank you for sharing your story. And, you know, I just want to say that you did what most women will do -- deny -- and so that's understandable. And luckily, your having the bypass surgery unmasked this aortic valve problem. And what happens is the aortic valve functions to let oxygenated blood flow to the heart to the brain, to the kidneys. And if the valve which normally has three leaflets, it's not opening or closing adequately, you have this back flow going into the other chambers of the heart. And that's definitely what was happening. So having an abnormally functioning valve means that blood flow cannot get to the brain, to the heart, hence you are feeling a little bit lightheaded and the heart was working a little bit harder, so palpitations, and that feeling of almost fainting because the rest of the body was not getting enough of blood supply. And so luckily, you saw Dr. Fuster that day, and an echocardiogram, which is a sonogram of the heart, revealed this abnormality.

JOAN: And fortunately, she came to her senses and she came back from the Caribbean. So tell us, you had the surgery, Star. What was it like?

STAR: So the moment my girlfriends and my family talked me off that ledge, Star Jones took over, Joan. I then became a drill sergeant in learning everything I could about what this diagnosis meant. They said I would need full-on open-heart surgery. I remember asking -- "You mean the kind -- I heard this new thing I read about that they can go under your armpit?" They were like "Nah, the kind where they crack your chest, and your heart gets disconnected." So I had to wrap my mind around that my heart would be stopped for several minutes and the heart lung machine would keep me alive. And I scheduled open heart surgery for March 17th, insisted with the hospital that they would get me out of the hospital in seven days because my 48th birthday would be March 24th.

JOAN: A girl's got to do what a girl's got to do, right, Star?

STAR: But I do want you to know, six days after full-blown open-heart surgery, I walked out of that damn hospital in them same Jimmy Choo boots, thank you very much.

JOAN: [Laughs] Alright. Well, so let me ask a question, Dr. Mieres. Once a person like Star has that surgery and basically, they fixed her, are you then just healthy again?

JENNIFER: So, I think she has been fixed. She has a fully functional working aorta and aortic valve. But now, you know, she has to be cautious, right? Because she has had heart disease, right? This is valvular disease. So from now on, of critical importance -- you know, after cardiac rehab, I'm sure, and I know Star went back to doing her normal activities -- but of critical importance to live for the next several decades that you assume and adopt a heart-healthy lifestyle. And we as women, as we move into those decades post-menopause, we worry about true blockages and atherosclerosis of the

coronary arteries. And we know from the American Heart Association and the Go Red for Women campaign that you need to choose to move, that you have to have a heart-healthy diet, that you need to partner with your doctor for those check-ins to see what's going on with your overall heart health.

JOAN: Yeah, and I want to talk about that, reconnecting with your primary physician. But first of all, you did go through cardiac rehab, right, Star?

STAR: So I did 24 full sessions. I could not get up to go initially down my hallway without assistance. But after three months of intense cardiac rehabilitation, I am proud to tell you I walked the 13 city blocks back to my own apartment. And that was three months after open heart surgery.

LOU: Part of what cardiac rehab does is it kind of lets you know that you're not fragile. That people are going to be afraid getting back -- you know, I had a patient was afraid to step up the first step because they thought it would cause a heart attack. So that cardiac rehab is really important. But afterwards, you've got to be reborn. You can't be the same person that you were before. You go back to your primary care doctor to get that reinforced. You go back to your primary care doctor to make sure you're taking your medication because half of patients don't take their medication properly or correctly because you're going to be on these medications. And to make sure you're controlling all those risk factors, all those things that play a role in the puzzle to reduce your risk with having another heart attack or another cardiac event.

JOAN: And I want to talk about some of those risk factors Dr. Mieres, I mean, aside from genetics, which you can't really control, but there are a lot of things you can control. Let's talk about what those are.

JENNIFER: So, first of all, important -- knowing your risks. So high blood pressure -- in terms of risk factors for coronary artery disease -- high blood pressure which can be controlled. It's sort of the silent killer. So checking

your blood pressure. You see your primary care physician. Keeping a log to know what your blood pressure is. It should be. As for the American Heart Association, less than 130 over 80. 120 over 80 is ideal. Cholesterol level -- so getting a blood test to see what your total cholesterol -- the LDL, which is the bad cholesterol, if that is over 100, placing you at risk. HDL, the good cholesterol should be over 50 for women. Also, diabetes, so knowing your fasting blood sugar or your hemoglobin A1C -- also important, a huge risk factor. Being overweight. and Star spoke about being 300 pounds, putting incredible stress on the heart. Sedentary lifestyle, and the American Heart Association recommends at least 150 minutes of activity per week. And then we know for women, sleep -- getting seven hours of sleep, truly, truly important. Learning to control stress, whether it's meditation, music. Exercise controls stress. Women with autoimmune diseases like lupus and rheumatoid arthritis need to see their primary care physicians much earlier to be screened for heart disease. We also know things like smoking, which doesn't apply in Star's history here -- smoking is a potent risk factor for heart disease. And we now know within the past 10 years as we've been studying the sex and gender aspects of cardiovascular disease that women who have pregnancy related complications are at increased risk for heart disease. We know that pregnancy is a stress test for these women, and they go on, if unchecked, to develop heart disease 5 to 15 years later.

JOAN: You know, I'm listening to this this list and they're all so obvious. But it's easy to talk about them. It's not so easy to always implement these lifestyle changes.

LOU: Right, and lots of times when something like this happens like it happened to Star, that's a lot to take in, that list. And that's why it's not going to happen with one visit, just like cardiac rehab doesn't happen with one visit. You need to have regular visits with your primary care doctor and your cardiologist to go over these numbers. And the doctor's role is to reinforce that, not punish. Reinforce the importance of making those lifestyle

changes and acknowledging this isn't going to happen on a dime. It's going to take some changes.

JOAN: Hey, Star, I remember reading you had done an interview with someone. I think I remember reading that you had heart disease in your family for, I don't know, four or five decades. Did that just never, like, put the red flag up to you?

STAR: You know, like so many women, Joan, we don't focus on our own health.

JOAN: Yeah, you're right.

STAR: We don't put ourselves at the top of our own to-do list. I mean, I was always cast as the smart girl in the room. I did the interviews that were asking all the questions. I was the inquisitive one. But I didn't ask the right questions. I thought that heart disease was an old white guy's disease, to be honest with you, because that's all I really saw.

JOAN: Yeah.

STAR: But you wouldn't be a young black woman with, you know, so much life ahead of her. So I decided right then to change that. Because the gift that I have been given, I realized that I had an obligation to reach beyond my own health and to spread the good news that heart disease is not a death sentence if you make those incremental changes in your lifestyle. And I've made those changes. Remember, I used to weigh 300 pounds. So I let that be my excuse for a lot of things. And if there's one message that I would say to people, it's that put your health on your front burner. Because no matter what success level you reach, none of it matters if you're not healthy.

JOAN: And what I love hearing you say is that you've made all these changes, but they're changes that make your life more fun and more interesting. I think one other thing that's so important is for women out there to know that for a heart attack for a woman is different, usually, than a heart attack for a man. And this has kind of been a myth that it's always that Hollywood heart attack "Oh!", like you see in the movies. Dr. Mieres, talk to me a little bit about the difference, because those signs of an impending heart attack can be very different for a woman, so much so that she doesn't notice it.

JENNIFER: Correct, the science that we've discovered from the American Heart Association, we know that heart disease, an equal-opportunity killer. But when it comes to symptoms, what we'd like to see, we expand the spectrum of symptoms for women. Most men and most women, especially if you're post-menopausal, will have some sort of chest discomfort. Feels like an elephant sitting on the chest. It goes up to the jaw, the arm, and you have trouble catching your breath. But what we have discovered, especially for younger women, those less than 55, a growing population with heart disease now, we discovered that the symptoms can be a little bit more subtle, that it could feel just like -- some of the symptoms start at fatigue, chest sort of burning, shortness of breath, back pain, left arm pain, or sometimes radiating across the entire back. But overall -- And some women describe a feeling of just not feeling right doom and gloom. And so the key is time is muscle. If you're having those symptoms, call 911 and go to the emergency room. And I always say, "I think I'm having a heart attack" to get immediate treatment.

JOAN: And Dr. Mieres, we have to make sure that everybody hears this. How important is quitting smoking?

JENNIFER: You know, one of the most powerful and potential risk factors for heart disease -- not only for heart disease, lung disease, or vascular disease, is smoking. Because smoking destroys the lining of the blood vessels. Not

only the blood vessels of the heart, the blood vessels for the brain, the blood vessels for the kidneys, the blood vessels for the legs. Additionally, what is concerning, Joan, is that we see in the college-age kids vaping and smoking on the rise, creating a generation of people that will have heart disease at a much earlier age.

JOAN: So, Dr. Mieres, why don't you just tell us, what are the three things that you really want to make sure that everyone watching today, especially all the women out there, what are the three things that they should know and remember to protect themselves from heart disease?

JENNIFER: So, knowing your risks, your family history, truly important. Know that heart disease can be prevented, so I'm going to go for more than three, right? Put yourself -- you know, get that yearly discussion with your primary care physician to understand your cardiovascular risk for heart disease. And then do a few things. One, if you smoke, quit. Choose to move every day, because exercise, getting some sort of activity controls your blood pressure, controls your weight, controls diabetes and cholesterol. Making your plate a little bit more colorful, so lots of fruit and vegetables could definitely help keep those numbers in range. And the third thing I like to say is definitely get some sleep and control stress. And I'm going to add a fourth one, because I feel that the partnership with your doctor is so important. So establishing that partnership where you can co-create a heart-healthy plan that works for you is definitely important. And if the mom or the women in the family are healthy, the entire family becomes healthy. So, Joan, I applaud you for this show, for getting the message out there, Star, for telling your story, and Lou, for helping us understand that heart disease is an equal-opportunity killer, and it can be prevented.

JOAN: And, Star, you have taken charge of your health and thus your happiness. What do you know now that you wish you would have known 11 years ago that you really want to share with everybody listening and watching?

STAR: Joan, I thank God every day that I made the decision to get and keep my mind and body and shape the real commitment to diet and exercise, and now my own laser-like commitment to heart health. I think it's fair to say along the way I've had some huge victories, but I've also had some big defeats. You could say that a central tenet of my journey to good health and my life has really been resilience. I lost weight and got healthy, but still became the face of heart disease. So I'm reminded, though, of Maya Angelou's words -- "You may not control all the events that happen to you, but you can decide not to be reduced by them."

JOAN: Love that.

STAR: And I used to think that my law degree was my greatest asset. But my health is my greatest asset. So that's what I would have wanted to focus on as a young person. I would have eaten less, and I would move more. That's my message. That's my message to women. Women have to focus on ourselves. I know it doesn't seem natural to natural caregivers to focus on ourselves, but I was just so proud that in March, I celebrated a decade of heart health as a survivor and a thriver. I'm not just a heart disease survivor. I'm a heart disease thriver. And I say thriver because whether it's open-heart surgery or this global pandemic, I don't think life is just about making it. It's about living. And facing my own mortality with heart disease brought this clearly into focus.

JOAN: Oh, Star, it could not have been said better. You're a great example for us today, and thank you so much for being here. And thank you, too, to our doctors for being with us today, and of course all of you at home. Thank you for watching. Find more information about this series at secondopinion-tv.org. You can also follow us on Facebook and on YouTube, where you can watch today's episode and much more. So from all of us here at "Second Opinion," we encourage you to take charge of your health and your health care. I'm Joan Lunden. Be well.

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